

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number  
210121.544

FY 2005

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 09/930,125

Filed August 14, 2001

For COMPOSITIONS AND METHODS FOR THE THERAPY AND DIAGNOSIS OF  
HER-2/NEU-ASSOCIATED MALIGNANCIESArt Unit  
1642Examiner  
Susan Ungar, Ph.D.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a  
reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate  
fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1,020</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this  
application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required  
or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a  
duplicate copy of this sheet.

**WARNING:** Information on this form may become public. Credit card information should not be  
included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration No. 42,676

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

*Carole Liberty* 51,909 for  
Signature

Jeffrey Hundley, Ph.D., Patent Agent

Typed or printed name

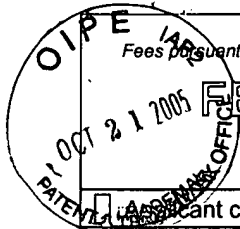
October 21, 2005

Date

206-622-4900

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required.



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

# **FEE TRANSMITTAL** **for FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)**1,020**

## **Complete if Known**

Application Number	09/930,125
Filing Date	August 14, 2001
First Named Inventor	Susan Hand-Zimmermann
Examiner Name	Susan Ungar, Ph.D.
Art Unit	1642
Attorney Docket No.	210121.544

## **METHOD OF PAYMENT (check all that apply)**

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## **FEE CALCULATION**

### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

### **2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
<u>3</u> -20 or HP = <u>0</u> X _____ = _____				Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>3</u> -3 or HP = <u>0</u> X _____ = _____			

HP = highest number of independent claims paid for, if greater than 3

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 = _____	_____ /50 = _____	_____ (round up to a whole number)	x _____	_____

### **4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Three month extension of time</u>	<u>1,020</u>

## **SUBMITTED BY**

Signature	<u>Jeffrey Hundley</u> 51,909	Registration No. (Attorney/Agent)	42,676	Telephone	206-622-4900
Name (Print/Type)	<u>Jeffrey Hundley, Ph.D. Patent Agent</u>	Date	October 21, 2005		